

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)**

SERIAL NO.  
**10776239**  
APPLICANT

FILING DATE

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1				61					
2		1				62					
3			1			63					
4			1			64					
5		1				65					
6			1			66					
7			1			67					
8			1			68					
9		1				69					
10			1			70					
11			1			71					
12			1			72					
13		1				73					
14		1				74					
15		1				75					
16			1			76					
17			1			77					
18			1			78					
19						79					
20						80					
21						81					
22						82					
23						83					
24						84					
25						85					
26						86					
27						87					
28						88					
29						89					
30						90					
31						91					
32						92					
33						93					
34						94					
35						95					
36						96					
37						97					
38						98					
39						99					
40						100					
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL NO.		2				TOTAL NO.					
TOTAL OFF.		31				TOTAL OFF.					
TOTAL		28				TOTAL					